STATE OF NEW HAMPSHIRE RECEIVED

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

JUL 1 7 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

(Name	of partnership, firm or corporation)		
II. Name of Client	N/A		Date July 26, 2017
-			ter 664 paid on behalf of the
ull name of candidat			
	(Last Name)	(First Name)	(Middle Name Initial)
Amount of contribution	\$ 250	Office Candidate is	s Seeking
		(
'ull name of candida	te: Boutin, David	(First Name)	(Middle Name Initial)
	(Last Name)	(First Name) Office Candidate is	(Middle Name Initial) Seeking State Senate
Amount of contribution f the contribution is an actual cost of the in-kin	(Last Name) \$125 in-kind contribution, provide	Office Candidate is	
Amount of contribution f the contribution is an actual cost of the in-kin	(Last Name) \$125 in-kind contribution, provided contribution on the line abo	Office Candidate is	Seeking State Senate ds or services provided, and enter t
Amount of contribution is an actual cost of the in-kin enter an estimated value	(Last Name) \$125 in-kind contribution, provide d contribution on the line above and the word "estimate."	Office Candidate is	Seeking State Senate ds or services provided, and enter t
Amount of contribution If the contribution is an actual cost of the in-kin	(Last Name) \$125 in-kind contribution, provide d contribution on the line above and the word "estimate."	Office Candidate is	Seeking State Senate ds or services provided, and enter t

STATE OF NEW HAMPSHIRE

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(Name of p	artnership, firm or corporation)		
III. Name of ClientN	I/A		Date July 26, 2017
	oution that is reportable pring firm, indicate the foll	-	oter 664 paid on behalf of the
Full name of candidate:	Volinsky, Andru		
	(Last Name)	(First Name)	(Middle Name Initial)
Amount of contribution \$ _	250	Office Candidate i	s Seeking Executive Council
Full name of candidate:			(MCJAL) Name (Laise II)
	(Last Name)	(First Name)	(Middle Name Initial)
			_
Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind co	(Last Name) 1,000 kind contribution, provide a ontribution on the line above	Office Candidate is	s Seeking Governor ds or services provided, and enter the
If the contribution is an in-	(Last Name) 1,000 kind contribution, provide a ontribution on the line above	Office Candidate is	_
Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind co	(Last Name) 1,000 kind contribution, provide a ontribution on the line above ad the word "estimate."	Office Candidate is	s Seeking Governor ds or services provided, and enter the

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Date)
Robert E. Dunn, Jr. (Print Name of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: <u>Devine, Millimet & Branch, PA</u> Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Political Contributions
Date of Report (check one):
April 26, 2017 □ July 26, 2017 ♥ October 25, 2017 □ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
X Addendum C(s).
I hereby/swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. Signature of lownyist) Teresa R. Rosenberger (Print Name of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partn	ership, firm, or corpo	ration: <u>Devine, Millir</u>	met & Branch, PA
Name of Client (leave bl	ank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):	Political Contrib	outions	
Date of Report (check or	ne):		
April 26, 2017 □	July 26, 2017 💆	October 25, 2017 □	January 31, 2018 □
			nd Expenses described above, and number of Addendum forms being
Addendum A(s).			
Addendum B(s).			
X Addendum C(s).			
I hereby swear or aftirm complete to the best of it (Signature of lobbyist) George Dana Bist (Print Name of lobbyist)	v knawledge and be	fier.	nt and each Addendum is true and (Date)